

**Region 1**  
**Request for Proposals**  
**For**  
**Workforce Investment Act**  
**Adult, Dislocated Worker and Youth Service Provider**

**Services to be Delivered**  
**July 1, 2006 – June 30, 2008**

**RFP Issue Date: May 31, 2006**

**Key Dates:**

Mandatory Letter of Intent Due: June 9, 2006  
Questions Due: June 13, 2006  
Proposal Due Date: June 22, 2006  
Award Announced  
Contract Begins: July 1, 2006

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## **I. Background and General Information**

- A. The Center of Workforce Innovations, Inc. as Region 1 Regional Operator issues this Request for Proposals (RFP) to procure Workforce Investment Act (WIA) adult, dislocated worker and youth services on behalf of the Northwest Indiana Workforce Board. The Regional Operator intends to be as inclusive as possible in this solicitation. The goal is to receive a wide variety of high quality, innovative proposals that meet the workforce development needs of the region.
- B. The resulting contract(s) with the successful bidder(s) will be for a two-year period, July 1, 2006 to June 30, 2008. Based on performance, the contract may be renewed up to an additional year, July 1, 2008 to June 30, 2009. The form of the contract will be cost-reimbursement.
- C. The Northwest Indiana Region 1 consists of Jasper, Lake, La Porte, Newton, Porter, Pulaski, and Starke counties. Bidders are encouraged to visit the Indiana Department of Workforce Development (DWD) website to learn more about the formation of the new Regional Workforce System in Indiana. The DWD site may be visited at <http://www.in.gov/dwd/partners/shric.html>. Bidders should review the Indiana State Plan located on that page as well as other DWD policies and documents available on-line.
- D. There are full-service WorkOne Centers in Gary, Hammond, and La Porte. There are WorkOne Express Offices in Crown Point, East Chicago, Knox, Michigan City, Morocco, Portage, Rensselaer, Winamac, and Valparaiso.
- E. The successful bidder(s) will operate WIA Adults and Dislocated Workers and/or youth preferably in all or a major portion of the region effective on or after July 1, 2006. The successful bidder(s) must coordinate services and operations in the WorkOne centers to ensure a smooth and seamless transition. The goal of the transition process is to serve clients continuously and effectively with the least possible disruption.
- F. The Northwest Indiana Regional Workforce Area has been engaged in a significant competitive process for funding under the State of Indiana's Strategic Skills Initiative (SSI). The successful bidder(s) will need to work cooperatively with the Regional Workforce Board and Regional Operator in the event that they are asked to incorporate future WIA services with future funded SSI activities.
- G. The Board is seeking qualified entities to provide innovative high quality integrated services. The organization should demonstrate the characteristics listed below:
- Expertise in delivery of WIA service
  - Customer service oriented staff
  - Expertise in achieving WIA performance goals
  - Data management and demonstrated data integrity
  - Competent management with vision
  - Cooperative management and staff

- Willingness to partner with others
- Ability to align staffing with Northwest Indiana Workforce Board vision
- Flexibility and ability to adapt to change
- Creativity

- H. Northwest Indiana Region 1 allocation under the Workforce Investment Act includes: \$2,021,907 for Adult, \$2,163,261 for Youth, and \$2,069,063 for Dislocated Workers for a total of \$6,254,231. These funds are for service provider(s), special projects, and Regional Operator costs. This does not include carry over funds or other new funding to be provided by IWD or NWIWB.

All commitments made by the Regional Operator are contingent upon the availability of funds and the Regional Operator reserves the right to award an amount less than the total funds available for bid contained in this RFP.

- I. The Regional Operator reserves the right to reject any or all proposals received or to award, without discussions or clarifications, a contract on the basis of initial proposals received, if that is deemed to serve the best interests of the Board and Region 1. Further the RO reserves the right to conduct discussions, either oral or written, with those respondents determined to be reasonably viable candidates for award. If discussions are held, best and final offers may be requested. Successful bidder(s) may be asked to further negotiate their proposal before the Regional Operator will make any final commitment.
- J. Therefore, each proposal should contain the respondent's best terms from a price and technical standpoint. The Regional Operator also reserves the right to reopen discussions after receipt of best and final offers if it is deemed to serve the best interests of the Board and Region 1.
- K. The Workforce Investment Act of 1998 (WIA, Public Law 105-220) provides the framework for a national workforce preparation system that is flexible, responsive, customer-focused and locally managed. The Board envisions a system that meets the needs of residents and businesses alike. The goal of the program under the Act is to increase individual's employment, job retention, and earnings and develop the work potential of the residents of Region 1.
- L. This Request for Proposals is not in itself an offer of work nor does it commit the Regional Operator to fund any proposals submitted. The Regional Operator is not liable for any costs incurred in the preparation or research of proposals.
- M. All commitments made by the Regional Operator are contingent upon the availability of funds and the Regional Operator reserves the right to award an amount less than the total funds available for bid contained in this RFP.
- N. The Regional Operator assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participate in any WIA Title 1-financially assisted program or activity;
- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color and national origin; Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of age; and
- Title IX of the Education Amendment of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The Regional Operator also assures that it will comply with 29 CFR part 37 and all other regulations implementing the laws listed above. This assurance applies to the Regional Operator's operation of the WIA Title 1-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIA Title 1-financially assisted program or activity. The Regional Operator understands that the United States has the right to seek judicial enforcement of the assurance. This WIA Title I funded program is an equal opportunity employer/program. Auxiliary aids and services will be made available upon request for individuals with disabilities. By submitting a bid all bidders are providing an assurance that they will comply with the above nondiscrimination and equal opportunity provisions.

- O. The Regional Operator is exempt from federal, state and local taxes and will not be responsible for any taxes levied on the respondent resulting from the contract based on this RFP.
- P. The specifications in this RFP may change based on issuance of State or Federal policy, SHRIC, or WIA re-authorization. The Board will work with the successful bidder(s) to implement any changes required by the State or Department of Labor. By submitting a proposal, the bidder(s) agrees to work cooperatively with the Regional Operator to comply with subsequent changes.
- Q. By submitting a proposal the bidder certifies to his/her knowledge and belief that there is no conflict of interest (real or apparent) inherent in the bid or in delivering the plan of work if the Regional Operator awards a contract. A conflict of interest would arise if any individual involved in the preparation of this RFP, proposal review and rating or award decisions has a financial or other interest in or represents the bidding organization and would be likely to gain financially or personally from the award of a contract. The same would hold true for any member of the individual's family, partner, or an organization employing or about to employ any of the above as a direct result of the successful award of a contract under the RFP. The Regional Operator reserves the right to disqualify a bid should a conflict of interest be discovered during the solicitation process.

- R. By submitting a proposal the bidder assures that it will provide additional services as requested under additional grants such as a National Emergency Grant, appropriate Strategic Skills Initiative funding or other State funded workforce program granted to the Northwest Indiana Regional Workforce Area.
- S. The bidder(s) must identify any entity it proposes to use as a subcontractor. However, the bidder must assure the Regional Operator that it will be the service provider and will not subcontract significant programmatic functions to other entities if awarded a contract to be the service provider in the Northwest Indiana Region 1. The Regional Operator reserves the right for final approval of all subcontractor terms, conditions, funds, and scope of work.
- T. The bidder(s) assures that if awarded a contract by the Regional Operator, it will comply with Regional, State and Federal program and financial regulations, policies and directives, as well as comply with any and all monitoring requirements.

## **II. Proposal Narrative**

### **A. Organization Background, Qualifications, Performance History Proposal Evaluation 10% - Page Limit - 5**

- 1. Profile the Proposing Organization
  - a. What is the legal status of your organization? Include as an exhibit a copy of your business entity filing
  - b. Describe your organization, the governance structure, length of existence, vision, mission, goals and major programs currently offered and any other business activities you are engaged in.
  - c. Your organization must register with Buy Indiana. The website for Buy Indiana can be found at: <http://www.in.gov/idoa/buyindiana/>.
  - d. Provide assurances in the form of signed corporation resolution(s) which:
    - i. Authorizes the submission of the proposal.
    - ii. Authorizes the signatory on this proposal to sign the proposal, negotiate on behalf of the corporation and bind the corporation.
    - iii. Copies of the resolutions may be made as Exhibits to the proposal which do not count in the page limit.
  - e. Should the primary point of contact be different than the authorized signatory please identify the person who will be the single point of contact with the Regional Operator and Fiscal Agent for this contract along with his/her contact information.

2. History of Similar Programs

- a. Proposals must include information to demonstrate that the provider has a record of success in operating similar workforce programs or projects. Describe your experience serving adults, dislocated workers and youth. Please outline all workforce programs operated during the last two years. Provide brief program descriptions, funding sources and performance information.
- b. If your corporation has not provided Workforce Investment Act programs, please outline programs that provided similar services in which you have been involved over the last two years.

**B. Plan of Service**

**Proposal Evaluation 30% - Page Limit – 15**

**1. General Information**

- a. Describe your knowledge of the most significant workforce development challenges and opportunities that the Northwest Indiana Region 1 will likely face in the next two years.
- b. Describe your organization's vision, based on the State Plan, of system integration for services, functional alignment of staff, and workflow with the WorkOne system. Describe how you will work with the Regional Operator and local DWD management staff to achieve an integrated system, operate the common case management system, and communicate within each WorkOne office, between offices, Management, and the Regional Operator.
- c. Describe how all staff will participate in all training deemed necessary by the Regional Operator in order to provide for a smooth transition, an integrated system, and excellent customer service. Although the Regional Operator will procure the training, your budget should include a line item to project the cost of internal and external staff training.
- d. Describe how management staff will spend their time in relationship to daily operations. The successful bidder(s) will be required to maintain a management presence within the Northwest Indiana Region 1 for local office staff supervision and day-to-day management. This presence may be located in one of the WorkOne or WorkOne Express offices.
- e. Describe your plan of service for WorkOne Offices and the similarities and differences in how services will be delivered in the Express sites vs. the WorkOne Centers. Include a brief description about how services will be provided in each location and address at a minimum the following issues by location: the menu of services available, hours of operation (note that at a minimum the office will be open from 8:00 – 4:30 during the week, plus one day of extended hours either during the evening or on Saturday), full-time or part-time staff, availability of partner services, and client flow. Describe how you will market services

including Wagner-Peyser, Veterans Programs, and Trade Assistance Programs to the general public.

- f. Describe your plan for public computer labs, Information Area resources, and training rooms by location, including any resources that you will bring to the WorkOne offices. Include the number of computers that are supported by your budget or are available for use. Describe how this fits into CORE Self Service. Describe how you will track CORE Self Service.
- g. Describe how your organization will be involved with community organizations such as schools, Chamber of Commerce, and Local Economic Development Organizations (LEDOs).
- h. Describe how data will be tracked, reported, and quality control methods on a weekly basis in accordance with all applicable requirements utilizing the state required case management reporting system. Include an assurance that “real time” reporting of performance data including exits, employment, wages, and credentials will be made to the Regional Operator. Please identify job position(s) which will be responsible for the work.
- i. Describe how all communities in the region will be made aware of the availability of services to WIA targeted groups, including how recruitment of these populations will be achieved.

## **2. Adult and Dislocated Worker Services**

- a. Describe the eligibility, assessment, case management, and counseling services that will be provided to adults and dislocated workers. Describe the core, intensive, training, and follow up services to be provided to these populations. Include a description of the process for an individual to move through each of these tiers of service. Also describe how it will be decided which individuals receive intensive and training services and which receive only core.
- b. Describe how rapid response services will be provided to customers in the event of a facility closure or large dislocation and how you will coordinate with the Regional Operator and DWD Business Services Representative.
- c. Demonstrate knowledge of performance outcomes for the adult and dislocated worker programs by describing how the programs will be managed to meet or exceed each of the applicable performance standards including the forthcoming common measures. How will you make sure to achieve these targets? How will you also achieve common measure outcomes?
- d. Describe how customer feedback will be collected and used to make continuous improvements to services.



### **3. Youth Services**

- a. Describe the eligibility, objective assessment, individual service strategy development, case management, counseling, and follow up services that will be provided to youth. Indicate how youth will be prepared for post secondary education opportunities, as appropriate and how strong linkages will be developed between academic and occupational training. Also describe how youth will be prepared for unsubsidized employment opportunities and how youth will access information about the local labor market, career and employment opportunities within the region.
- b. Explain differences in younger youth and older youth services (WIA younger youth defined as 14-18; older 19-21) and in school vs. out-of-school youth. Detail the number of younger youth vs. older youth to be served.
- c. Describe all services that will be provided in accordance with the 10 Program Elements required by WIA. All 10 required elements must be provided.
- d. Demonstrate knowledge of performance requirements for the younger and older youth programs by describing how the programs will be managed to meet or exceed each of the applicable performance standards including the forthcoming common measures. How will you also achieve common measure outcomes? In addition, please provide an assurance that services will also be designed to meet any additional quality standards established by the Board.

### **4. Business Services**

- a. Describe your past commitment to the provision of business services. How has this been handled? What unique aspects will you bring to this contract?
- b. Describe the role you will play within the system.
- c. Describe the number and time commitment of your staff to the provision of business services by location.
- d. Describe any intent to provide business services outside of WIA funding, i.e. fee for service. To what extent have you conducted fee for service in the past? Will you generate program income or profit? Provide an assurance that any program income generated will be used in the Northwest Indiana Regional Workforce Area.
- e. Describe how you will support and promote the WorkEthic certification program to employers as part of business services. Information on the WorkEthic certification program can be found on the DWD website at:  
<http://www.in.gov/dwd/partners/workethic.html>

## **5. Other Specialized Services**

- a. As mentioned previously, the successful bidder(s) will need to work cooperatively with the Regional Board and Regional Operator in the event that they are asked to incorporate future WIA services with future funded SSI activities. Information on SSI activities for Region 1 is located here: [http://www.in.gov/dwd/employers/ssi\\_regional.html](http://www.in.gov/dwd/employers/ssi_regional.html). Describe how you would support SSI activities, if called upon to assist.
- b. Describe any customized training that you would develop. If customized training is being proposed, explain how and why you selected this particular training. Examples of customized training may include enhancing skills of dislocated workers or providing training for new employers.

## **C. Management Plan** **Proposal Evaluation 10% - Page Limit - 2**

### **1. Staffing**

- a. The proposal should identify the qualifications of all staff that will be involved in delivering services in the Northwest Indiana Region1. Include:  
1) a brief description of each of the four functional positions listed on the State Plan; 2) years of WIA or WIA-like program expertise; 3) expertise in WIA or WIA-like case management; 4) level of knowledge/proficiency in client data reporting and tracking; 5) specify staffing levels and position titles; 6) status (full or part time) by location; 7) identify key management staff by name with a summary of his/her credentials and brief resume of qualifications; and 8) yearly salaries of all staff that will be attached to this grant.  
If staff is to be hired at a later date, include the minimum qualifications required for selection of staff.
- b. Identify the key liaison between community/business and the Regional Operator.

### **2. Organizational Chart**

- a. Include an organizational chart(s) that illustrates the structure of your staffing to be used in support of the proposed programs. The chart should clearly display the number of staff planned for each location along with position titles. This may be provided as an Exhibit and as such does not count toward the page limit.
- b. The chart should also display the management staff located within Northwest Indiana Region 1 and those located outside the Region detailing their location.

## **D. Partnerships, Coordination & Integration** **Proposal Evaluation 15% - Page Limit – 3**

### **1. Partnerships**

Describe past success in developing effective working relationships with partner organizations. Include at a minimum, local DWD staff and programs, Vocational

Rehabilitation, Adult Education, Migrant Programs, Job Corp, and Senior Employment Programs. Provide a matrix by county demonstrating effective relationships you have currently in place with Region 1 and any other partners or organizations you plan to collaborate with or purchase services from in the future.

## **2. Coordination & Integration**

- a. Describe how key management staff will work in cooperation with the Regional Operator and the local DWD Regional Coordinator to ensure coordinated management and integration of WorkOne service delivery staff and services including functional alignment of staff in order to achieve exceptional customer service and performance. This section should at a minimum address WIA, Wagner Peyser, and TAA funding streams.
- b. If your organization does not have experience with service integration and functional supervision, please describe how you will accomplish this realignment. Include any required restructuring in your plan.

## **E. Transition Activities Proposal Evaluation 10% - Page Limit – 3**

### **1. Client Transition**

- a. Describe efforts that will be made to work cooperatively with the Regional Operator to ensure a smooth transition of clients, cases, and MIS into the new Northwest Indiana Region 1. If you currently do not provide WIA services for Northwest Region 1, describe how you will work with the current service provider for an efficient transfer of files and customer caseloads. Full transition and transfer of files may occur on or after July 1, 2006.
- b. Describe your plan for ensuring that services to clients will continue with little or no interruption during the transition. This description should specifically include a discussion of how services will be available in counties where your organization is not presently a service provider.

### **2. Provide an assurance that your organization will perform the duties necessary to transition participant reporting to the state required case management and participant tracking system that is anticipated by July 1, 2006.**

## **F. Financial Management and Budget Proposal Evaluation 25% - - Page Limit – 2**

### **1. Financial Management**

- a. Bidders must maintain a financial management system that is auditable and in compliance with generally accepted accounting principles. Financial records must be available for audit and monitoring purposes. Bidders should provide a brief description of the internal financial accounting and management system. Provide an explanation of special reports you generate for your own management

purposes or the purposes of your funding sources for the purpose of reporting and managing the funds you receive. Provide an assurance that you will participate, financially and operationally in regular reviews of your performance, including special report generation. Bidders should address the accountability of the organization in this section and provide one copy of the audit report for the most recent two years.

- b. Has your organization had any questioned costs, disallowed costs, or compliance monitoring findings in the last three years? If so, submit documentation that these issues have been satisfactorily resolved. Please provide copies of your WIA fiscal monitoring reports for the last two years, along with resolution letters to clarify.
- c. Describe how funds will be managed to ensure that targeted expenditure levels are met but not exceeded within a reasonable cost per placement, and to ensure that these services remain available to clients throughout the program year.
- d. Contractors are responsible for the repayment of costs determined to be disallowed in accordance with applicable statutes, regulations, directives or mandates. Contractors must repay disallowed costs to the Board's Fiscal Agent within thirty (30) days of the final audit determination. Any disallowed costs must be repaid from nonfederal funds. If WIA costs you incurred in the Northwest Indiana Region 1 were subsequently disallowed as a result of audit or monitoring, does your organization have the capability to repay these funds? From what source? Is your organization eligible for a fidelity bond?
- e. Please discuss your organization's WIA performance report for the most recent two years. Were all performance measures met? If not, why? Describe key methods and/or techniques used relative to front-line staff to meet WIA performance goals or to ensure performance measures are maintained. Attach two copies of the performance reports to the proposal.
- f. Discuss the data validation report for your organization for the most recent two program years. Was data considered valid? If not, why? Describe key methods and/or techniques used relative to front-line staff to improve client data files to ensure the region's data meets state and/or federal validation requirements. Attach two copies of the data validation reports to the proposal.

## **2. Budget**

- a. The bidder should complete PY'06 and PY'07 budgets on the included Attachment B and Attachment B-1. **Please do not deviate from the budget format provided.** Consistency will allow the reviewers to compare the proposed budgets. If you propose to provide additional funding from your corporation to supplement the allocation, there is a place on the budget to provide that information. In your narrative you need to identify the source and any restrictions on the use of those funds. This information is required as a part of the proposal

and must be included in the page of page numbering, but does not count toward the 30-page proposal limit.

For the purpose of this bid, the Board is interested in the planned amounts for management of service provider staff, overhead costs and the amount planned for direct client costs, as well as the plan by location and management cost centers. The higher the percentage of costs planned for WIA clients and the lower the percentage for administration/overhead costs the better.

### **Definitions for Attachment B and B-1**

Location Office Overhead includes all costs associated with service staff salaries, fringe benefits, rent, equipment, travel, staff training, supplies and all other non-client service costs. These costs are broken out by Adult, Dislocated Worker and Youth programs.

Management Overhead includes all costs associated with management staffing within the region and located outside the region. These costs include salaries, fringe benefits, rent, equipment, travel, staff training, supplies, accounting, audit, monitoring and all other management costs not associated with direct service to clients. These costs are broken out by Adult, Dislocated Worker and Youth programs.

Direct Client Costs are those costs that directly benefit WIA clients. These costs are broken out by Adult, Dislocated Worker and Youth Programs. Such costs include supportive services, tuition, supplies, books, work experience wages, on the job training, and any other cost that directly benefits the WIA customer not included in the other definitions above.

Totals for each column should be reflected on this sheet. The percentage column-showing costs by overhead vs. direct client costs should total 100% at the bottom. The county office overhead percentage is the first number. Enter the percent of overall funds considered to be Direct Client Costs. Now enter the Management Overhead Cost percentage. The total overall percentage should be entered as Overhead/Client for example: 60% Overhead/40% Direct Client Cost. To obtain the total overhead percentage, add Management Overhead and Location Overhead percentages.

Attachment B-1 is simply more detail for Attachment B presented by location and by management cost centers. This form should balance with Attachment B.

- b. A one-page budget narrative should be attached that describes the allocation of funds amongst programs and the philosophy of the bidder with respect to minimizing overhead costs while maximizing client costs. The budget narrative should be used to clarify and annotate the budget. If corporate funding is proposed to supplement the allocation, identify the source and any limitations on

how it can be spent. If applicable, state what your direct client expenditure ratio was for the past two completed program years. This information is required as a part of the proposal and must be included in the page of page numbering, but does not count toward the 30 page proposal limit.

### **III. Proposal Requirements**

- A. Letters of intent to bid on this proposal must be submitted by 4:00 Central Standard time on June 9, 2006.
- B. All proposals must be received no later than 4:00 Central Standard Time on June 22, 2006 in person or by mail or ground delivery to the address indicated. Proposals received after that time will be rejected. Please note that the proposals must be received, not postmarked. Proposals shall not be submitted electronically or by fax.
- C. Each respondent must submit one original (marked "Original") and five copies of your proposal on 8 1/2" x 11" white bond. You may single space your proposal but margins must be at least an inch and font size must be no less than 12. All copies should be submitted unfolded and unstapled. Also provide a copy in Microsoft compatible program( .doc file) and PDF on a readable/writeable CD.
- D. Your response to the narrative section of the proposal is limited to no more than 30 pages with specific suggested maximum page limitations provided for each section. The total page limitation is firm and is imposed for the sake of the reviewers of your proposal. In the event your response to a specific section is less than the suggested maximum page limit, the remaining pages may be used in another section as long as the total page limitation for the proposal is not exceeded. This limitation does not include other sections of your proposal such as: Attachments, Exhibits, the one page budget narrative, organizational charts and partner letters and letters of agreement by partners. The entire proposal, including Attachments, Exhibits, one page budget narrative, organizational chart and letters must be numbered Page of Page and all included in the document.
- E. Proposals may be submitted "Return Receipt Requested." If hand delivered, the deliverer must have a prepared receipt for signature and time/date. Faxed or electronically transmitted proposals will not be accepted. The transmitting envelope will be clearly marked "proposal" and addressed as follows:

Attention: Tamara Stump, Regional Operator  
c/o The Center of Workforce Innovations, Inc.  
2804 Boilermaker Court, Suite E  
Valparaiso, IN 46383

- F. Assemble your proposal using the following order. Use this as a checklist to ensure the proper order. Failure to follow RFP instructions could result in rejection of your proposal.

- Cover Page (Attachment A) – Required as a part of the proposal and must be included in the page of page numbering, but does not count toward the 30 page proposal limit.
- Table of Contents - Required as a part of the proposal and must be included in the page of page numbering, but does not count toward the 30 page proposal limit.
- Proposal Narrative (IMPORTANT): **The proposal narrative must have the Table of Content headers and must repeat the question being responded to in each section consistent with the narrative in the RFP.** The font size for the questions may be reduced to Font 10 in order to minimize the space used. The goal is for your responses to be as succinct, yet comprehensive as possible.
- Exhibits – Exhibits are required as a part of the proposal and must be included in the page of page numbering, but they do not count toward the 30-page proposal limit.
  - Business Entity Filing
  - Organizational Chart
  - Letters of References\* - Provide no **more than five letters** of references complete with address, voice, e-mail and fax each demonstrating one or more of the following characteristics:
    - a. Your ability to implement a project which produced intended outcomes while adhering to timeline.
    - b. Projects where partnerships were key to success.
    - c. Your ability to work within a program or project budget
    - d. Your organization's agility and flexibility

\*Please note that we will not accept letters from individuals on the Regional Workforce Board, the Center of Workforce Innovations Board and staff, the Local Elected Official Board, or Department of Workforce Development employees.

- Attachment B (budget) and Attachment B-1 (budget detail by location) budget forms need to be completed along with a one page budget narrative.
- Attachment C (Planned Service Levels)
- Attachment D (Non-Collusion Affidavit)
- Attachment E (Assurances and Certifications)
- Submit one copy of your audit report for most recent two years, separate from the proposal and should not be included in the page of page numbering. Do provide a separate Microsoft Compatible file containing this document.
- Submit one copy of your WIA performance report for the most recent two years, separate from proposal and should not be included in the page of page numbering. Do provide a separate Microsoft Compatible file containing this document.

- Submit one copy of your WIA data validation monitoring report for the most recent two years, separate from your proposal and should not be included in the page of page numbering. Do provide a separate Microsoft Compatible file containing this document.
  - Submit one copy of your monitoring report for PY2004 and PY2005 or most recent two-year period, separate from your proposal and should not be included in the page of page numbering. Do provide a separate Microsoft Compatible file or PDF containing this document.
- G. Questions regarding this RFP may be submitted in writing to be sent to Tamara Stump, The Center of Workforce Innovations by fax at 219-465-6860 or email [tstump@innovativeworkforce.com](mailto:tstump@innovativeworkforce.com). All questions will be responded to, compiled and shared with all bidders who submitted letters of intent by June 9, 2006. Questions will be accepted up to 4:00 Central Standard Time on June 13, 2006.
- H. Proposals will be reviewed and rated by a team comprised of individuals from the Board, Regional Operator staff, DWD staff, or other independent reviewers. The Regional Operator will select the top proposals and may request those bidders to make a presentation to the Board. Contracting decisions will be a joint responsibility of the Board and Regional Operator. An award decision is expected by July 1, 2006. Programs shall start July 1, 2006 with transition beginning immediately upon selection. The Board will not be responsible for any cost associated with the transition.

The proposal evaluation weights and page limits by section are specified in each section of the RFP. In the event your response to a specific section is less than the suggested maximum page limit, the remaining pages may be used in another section as long as the total page limitation is not exceeded. These weights and page limits are also listed below.

10% Background, Qualifications & Performance 5 Pages  
 30% Plan of Service 15 Pages  
 10% Staffing Plan & Organizational Chart 2 Pages  
 15% Partnerships & Coordination 3 Pages  
 10% Transition Activities 3 Pages  
 20% Financial Management 2 Pages  
 5% Budget and Narrative



## PROPOSAL COVER SHEET – ATTACHMENT A

Organization's Legal Name			
Contact Person:			
Mailing Address			
Physical Address			
Telephone		Fax	
E-mail		Cell	
Federal ID #		Website	

# of years potential bidder has been in business under the corporate / business structure submitting the response to this request for proposal.

	Funding	PY 06	PY 07
Total Amount of Funds Requested /Committed	Administration	\$	\$
	WIA Adult Funds	\$	\$
	WIA Dis. Wkr. Funds	\$	\$
	WIA Youth Funds	\$	\$
	Total Funds Requested	\$	\$
	Other Funds Committed	\$	\$
	Total Requested/Committed Funds	\$	\$
	Grand Total (PY 06 and PY 07) \$		

Planned # PY 06			
Adult		Cost Per Part.	
Dis. Wkr.		Cost Per Part.	
Youth		Cost Per Part.	
Planned # PY 07			
Adult		Cost Per Part.	
Dis. Wkr.		Cost Per Part.	
Youth		Cost Per Part.	

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Check all applicable boxes:

For Profit Corporation		Sole Proprietorship	
Not-for-profit Corporation		Faith-Based Organization	
Partnership		State Agency	
Educational Institution		Labor Organization	
Business Association		Community Based Organization	
Other Public Agency (Specify)		Other	

Attachment B, PY'06 Budget

<b>Program Year 2006 Budget</b>	<b>Adult</b>	<b>Dislocated Worker</b>	<b>Youth</b>	<b>Other Unrestricted Funding</b>	<b>Percent of Budget Overhead/Direct Client Cost</b>
Office (Each Location) Overhead Cost					
Direct Client Cost					
Management Overhead Cost					
<b>Totals</b>					

Attachment B, PY'07 Budget

<b>Program Year 2007 Budget</b>	<b>Adult</b>	<b>Dislocated Worker</b>	<b>Youth</b>	<b>Other Unrestricted Funding</b>	<b>Percent of Budget Overhead/Direct Client Cost</b>
Office (Each Location) Overhead Cost					
Direct Client Cost					
Management Overhead Cost					

<b>Totals</b>					
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<b>ATTACHMENT B - 1</b>	<b>Management Level</b>	<b>Gary</b>	<b>Hammond</b>	<b>La Porte</b>	<b>Crown Point</b>	<b>East Chicago</b>	<b>Total This Page</b>
	<b>Program</b>	<b>Program</b>	<b>Program</b>	<b>Program</b>	<b>Program</b>	<b>Program</b>	
<b>OVERHEAD COSTS</b>							
<b>Wages &amp; Salaries</b>							
<b>Fringe Benefits</b>							
<b>Facility Costs (Rent, Utilities, Cleaning)</b>							
<b>Equipment &amp; Furniture</b>							
<b>Office Supplies &amp; Postage</b>							
<b>Technology &amp; Communications</b>							
<b>Staff Development &amp; Travel</b>							
<b>Dues, Memberships &amp; Publications</b>							
<b>Audit</b>							
<b>Other, Specify</b>							
<b>Sub Total</b>							
<b>DIRECT CLIENT COSTS</b>							
<b>Supportive Services</b>							
<b>Tuition, Books, Supplies</b>							
<b>On-The-Job Training</b>							
<b>Other, specify</b>							
<b>Sub Total</b>							
<b>TOTAL</b>							
<b>Percentage of Total</b>							
<b>ADDITIONAL NON WIA FUNDING</b>							

<b>ATTACHMENT B - 1</b>	<b>Knox</b>	<b>Michigan City</b>	<b>Morocco</b>	<b>Portage</b>	<b>Rensselaer</b>	<b>Valparaiso</b>	<b>Winamac</b>	<b>Total This Page</b>
	<b>Program</b>	<b>Program</b>	<b>Program</b>	<b>Program</b>	<b>Program</b>	<b>Program</b>	<b>Program</b>	
<b>OVERHEAD COSTS</b>								
<b>Wages &amp; Salaries</b>								
<b>Fringe Benefits</b>								
<b>Facility Costs (Rent, Utilities, Cleaning)</b>								
<b>Equipment &amp; Furniture</b>								
<b>Office Supplies &amp; Postage</b>								
<b>Technology &amp; Communications</b>								
<b>Staff Development &amp; Travel</b>								
<b>Dues, Memberships &amp; Publications</b>								
<b>Audit</b>								
<b>Other, Specify</b>								
<b>Sub Total</b>								
<b>DIRECT CLIENT COSTS</b>								
<b>Supportive Services</b>								
<b>Tuition, Books, Supplies</b>								
<b>On-The-Job Training</b>								
<b>Other, specify</b>								
<b>Sub Total</b>								
<b>TOTAL</b>								
<b>Percentage of Total</b>								
<b>ADDITIONAL NON WIA FUNDING</b>								

<b>ATTACHMENT B-1</b>	<b>Total Allocations All Locations</b>	<b>Total Management Level</b>	<b>Grand Total</b>
<b>OVERHEAD COSTS</b>			
Wages & Salaries			
Fringe Benefits			
Facility Costs (Rent, Utilities, Cleaning)			
Equipment & Furniture			
Office Supplies & Postage			
Technology & Communications			
Staff Development & Travel			
Dues, Memberships & Publications			
Audit			
Other, Specify			
Sub Total			
<b>DIRECT CLIENT COSTS</b>			
Supportive Services			
Tuition, Books, Supplies			
On-The-Job Training			
Other, specify			
Sub Total			
<b>TOTAL</b>			
Percentage of Total			
<b>ADDITIONAL NON WIA FUNDING</b>			

## **Planned Service Levels**

### **Adult**

Planned Service Levels	Projected Number to be Served		Projected Number to be Exited		Projected Number Placed into Employment	
	PY 06	PY 07	PY 06	PY 07	PY 06	PY 07
Adults						

### **Dislocated Worker**

Planned Service Levels	Projected Number to be Served		Projected Number to be Exited		Projected Number Placed into Employment	
	PY 06	PY 07	PY 06	PY 07	PY 06	PY 07
Dislocated Workers						

### **Youth**

Planned Service Levels	Projected Number to be Served		Projected Number to be Exited		Projected Number Placed into Employment	
	PY 06	PY 07	PY 06	PY 07	PY 06	PY 07
Younger Youth						
Older Youth						
Total Youth						

Attachment D

Non-Collusion Affidavit

State of Indiana

County of \_\_\_\_\_

The respondent is hereby giving oath that it has not, in any way, directly or indirectly, entered into any arrangement or agreement with any other respondent or with any officer or employee of the Northwest Indiana Workforce Board whereby it has paid or will pay to such other respondent or officer or employee any sum of money or anything of real value whatever; and has not, directly or indirectly, entered into any arrangement or agreement with any other respondent or respondents which tends to or does lessen or destroy free competition in the letting of the agreement sought for by the attached response; that no inducement of any form or character other than that which appears on the face of the response will be suggested, offered, paid, or delivered to any person whomsoever to influence the acceptance of the said response or awarding of the agreement, nor has this respondent any agreement or understanding of any kind whatsoever, with any person whomsoever, to pay, deliver to, or share with any other person in any way or manner any of the proceeds of the agreement sought by this response.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print or Type Name

Subscribed and sworn to me this day \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

County of

Commission Expiration Date



## Attachment E

### Assurances and Certifications

The authorized representative agrees to comply with all applicable State and Federal laws and regulations governing the Workforce Investment Act, Workforce Investment Boards, Regional Workforce Boards and any other applicable laws and regulations.

In addition, the authorized representative assures, certifies and understands that:

1. That it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws: Section 188 of the Workforce Investment Act of 1998; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; The Age Discrimination Act of 1975, as amended; and Title IX of the Education Amendments of 1972, as amended. The Board also assures that it will comply with 29 CFR part 37 and all other regulations implementing the laws listed above. This assurance applies to the WIA Title I financially assisted program or activity, and to all agreements that the Board makes to carry out the WIA Title I financially assisted program or activity. This WIA Title I funded program is an equal opportunity employer / program. Auxiliary aids and services will be made available upon request for individuals with disabilities.
2. The proposing organization has not been debarred or suspended or otherwise excluded from or ineligible for participation in federal assistance programs.
3. The proposing organization possesses legal authority to offer the attached proposal.
4. A resolution, motion, or similar action has been duly adopted or passed as an official act of the organization's governing body authorizing the submission of this proposal.
5. A drug free workplace will be maintained in accordance with the State of Indiana requirements.

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Signature of Authorized Representative

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Print or Type Name

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Date